

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/02/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NANAS ASSISTED LIVING FACILITY # 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2270 OAKLAND ROAD FOREST CITY, NC 28043</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 8-2-2016.  Several deficiencies were not corrected. Further action is required.	{C 000}		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Finding includes: The ramp at the rear of the facility was obstructed with only about 20 inches of clear space available for egress. Obstructions included a table, a chair and a bed frame.	C 166		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 189}	<p>Continued From page 1</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire alarm system was intermittently showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed.</p> <p>Finding on 6-1-2016:</p> <p>a. The fire alarm system was not working at all because a power plug had been disconnected inside the fire alarm panel. It was unknown at the time of the survey just how long the facility had been without a working fire alarm system.</p> <p>Fnding on 8-2-2016:</p> <p>The fire alarm system was in alarm and silenced showing several zones in alarm and several trouble lights. Approximately 15 to 20 heat detectors had activated and were being replaced by fire alarm personnel during the survey. Based on interview with maintenance staff, the heat detectors had activated during a high heat treatment for bedbugs which occurred on 7-28-2016. Administrative staff stated the fire alarm system had not activated until 4:00 PM on 8-1-2016. A fire watch had begun at 4:00 PM on 8-1-2016.</p> <p>Finding on 6-1-2016:</p> <p>b. The smoke/fire barrier door was propped open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system not working. The smoke/fire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device.</p> <p>Finding on 8-2-2016:</p>	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>The smoke/fire barrier door was propped open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system activation. The door was closed but was found propped open again before the survey ended. The smoke/fire barrier door <b>MUST NEVER</b> be held open by any means other than the magnetic hold-open device.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings on 6-1-2016 and 8-2-2016: c. Gap where the wall meets the ceiling in the closets off at least rooms 9, 10, 11, 13 and 15. This condition was a pattern in most of the closets inspected. These gaps had been filled with unrated residential fire foam. Residential fire foam is not approved for use in Institutional occupancies. e. Plywood patch, 16 inches by 24 inches, on the ceiling in the clean linen room, Finding on 6-1-2016 and 8-2-2016: The plywood had been replaced with gypsum board but the joints had not been completed with gypsum compound and tape.</p> <p>New findings on 8-22-2016: f. Hole in the wall in the bathroom on the Women's Hall, g. Switch plate missing in corridor on Women's Hall.</p> <p>3. Based on observation, the sampling tube for the duct mounted smoke detector in the attic was</p>	{C 189}		

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{C 189}	<p>Continued From page 3</p> <p>very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. NOTE; The follow-up survey began at 3:00 PM on a day when it was 90 degrees F outside. The duct mounted smoke detector was not observed because it is approximately 40 feet from the attic access opening.</p> <p>Finding on 8-2-2016: The sampling tube had not been cleaned.</p> <p>4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The closer was damaged on the ¾ hour fire rated door to the laundry chute closet. This fire rated door must be self-closing and must automatically latch when closed. h. The door to the clean linen closet off the corridor to the dining room will not close and latch. Findings on 8-2-2016: The door would now close and latch but part of the door stop was missing that makes the door unable to resist the passage of fire and smoke. j. There is no door stop provided at the top of the door to bedroom 4. k. The door from the dining room to the kitchen does not fit the opening well enough at the top to resist the passage of fire and smoke.</p> <p>New finding on 6-1-2016; The door from the corridor to the beauty salon</p>	{C 189}		

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{C 189}	<p>Continued From page 4</p> <p>had been removed and there was much combustible storage in the room. Findings on 8-2-2016: l. The combustible storage had been removed but no door had been installed. m. There were several oxygen tanks stored in the room in no approved rack or container to prevent them from falling over and being damaged.</p> <p>8. Based on observation, the soffit at the rear of the facility above the basement door was deteriorated and missing. Openings in soffit allow birds and other noxious pests to enter the attic.</p> <p>New finding on 8-2-2016: 9. Based on observation, a switch plate is missing in the corridor on the Women's Hall exposing energized wires and electrical connections. Based on interview with staff, the plate was removed on 7-28-2016, for the high heat treatment for bed bugs and has not yet been replaced.</p>	{C 189}		